

Incident Information

URN: 9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5		Date: 3/29/12	Time: 1430
Location:	1601 Eastlake Avenue		City or Station: Los Angeles 90033
Bureau/Station/Facility:	Court Services Division/ East Bureau/ Eastlake	Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Type of Force:	Significant / Control Holds / Possible fracture to right wrist		
Deputy Injury: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> Call	<input checked="" type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. Ault, Alicia	Emp: [REDACTED]	IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Involved Employee

E1	Employee # [REDACTED]	Last Name: Wilson	First Name: Antoinette	Middle Name:
Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Race: H	Unit of Assignment: Eastlake Juvenile Court	Work Assignment (Unit #, Module, etc.): Department 201
Shift:	<input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 509 Weight: 165
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

E2	Employee # [REDACTED]	Last Name: Anpre	First Name: Norman	Middle Name:
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: O	Unit of Assignment: Eastlake Juvenile Court	Work Assignment (Unit #, Module, etc.): Lock-up
Shift:	<input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 602 Weight: 200
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

E3	Employee # [REDACTED]	Last Name: Reyes	First Name: Yvette	Middle Name:
Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Race: H	Unit of Assignment: Eastlake Juvenile Court	Work Assignment (Unit #, Module, etc.): Department 202
Shift:	<input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 505 Weight: 175
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

☒ Additional Involved Employees

On Duty Supervisor

Emp. # [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]	Middle Name [REDACTED]	Rank B1	Present YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Emp. # [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]	Middle Name [REDACTED]	Rank	Present YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. # [REDACTED]	Last Name: Williams	First Name: Ronald	Middle Name: S.
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Watch Commander

Emp. # [REDACTED]	Last Name: Nutt	First Name: Richard	Middle Name: C.
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Lieutenant Richard Nutt
 Watch Commander (Print Name)
 Sergeant Ronald Williams
 Supervisor Completing Form: (Print Name)
 Anselmo C. Gonzalez
 Unit Commander (Print Name)

Watch Commander's Signature: [Signature]

Emp #: [REDACTED] Date: 5-15-12

Sgt. Williams
 Emp #: [REDACTED] Copy Provided to Employee by: [Signature]

196157

Unit Commander's Signature: [Signature]

Emp #: [REDACTED] Date: 5/23/12

DISCOVERY Use Only

FO# 2310389

1-mini DV

Original: Discovery Unit
 Copy: Unit Commander

Box #1
 SH-R-438P (Rev. 03/12)

Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: H	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age: 13	Height: 505	D.O.B.	Weight: 150	Armed? <input type="checkbox"/>	
Booking #:		Primary Charge Code: 243(b) P.C.		Secondary Charge Code: 148 (a)(1) P.C.		Criminal History			
EMT in attendance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name: Captain Ponce (L.A.F.D.)			Unit: L.A.F.D. #1		Phone #: (213) 485-6201		
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: L.A. County USC			Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>		
By Doctor: Peabody		Address: 1200 N. State Street, L.A. 90033			Phone #: (323) 226-5019				
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Substance:					5150 a factor in force <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>User's guide provides direction on this entry</small>				

S

Suspect Interview									
Date: 3/29/12		Time: 1445		<input type="checkbox"/> Audiotape: <input checked="" type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>	
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>			
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name:			Unit:		Phone #:		
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:			Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>		
By Doctor:		Address:			Phone #:				
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:					5150 a factor in force <input type="checkbox"/> YES <input type="checkbox"/> NO <small>User's guide provides direction on this entry</small>				

S

Suspect Interview									
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape:		<input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

Suspect Information									
Last Name			First Name			Middle Name			
AKA Last Name			First Name			Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>	
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>			
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name:			Unit:		Phone #:		
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:			Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>		
By Doctor:		Address:			Phone #:				
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance:					5150 a factor in force <input type="checkbox"/> YES <input type="checkbox"/> NO <small>User's guide provides direction on this entry</small>				

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
Epstein	Albert		57	
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8927
Last Name	First Name	Middle Name	Age	D.O.B.
Ramos	Gloria		34	
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8911
Last Name	First Name	Middle Name	Age	D.O.B.
Totten	Robert			
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8911
Last Name	First Name	Middle Name	Age	D.O.B.
Alvarez	Fernando			
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8911
Last Name	First Name	Middle Name	Age	D.O.B.
Govea	Antonio			
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8911
Last Name	First Name	Middle Name	Age	D.O.B.
Nelson	Denise		62	
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8911
Last Name	First Name	Middle Name	Age	D.O.B.
Chang	John		36	
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8917
Last Name	First Name	Middle Name	Age	D.O.B.
Knox	Julia			
Street Address		City	Zip Code	Work Ph. (323) Home Ph.
1601 Eastlake Avenue		Los Angeles	90033	226-8998
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

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Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Stung Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

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Involved Employee									
E 4	Employee #	Last Name	First Name		Middle Name				
		Lopez	Clark						
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Eastlake Juvenile Court		Work Assignment (Unit #, Module, etc.): Department 205				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: 600	Weight: 175			
					Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input checked="" type="checkbox"/>
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____									
E 5	Employee #	Last Name	First Name		Middle Name				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Eastlake Juvenile Court		Work Assignment (Unit #, Module, etc.): Bonus 1				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: 600	Weight: 185			
					Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input checked="" type="checkbox"/>
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____									
E 6	Employee #	Last Name	First Name		Middle Name				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Recruit Training Bureau		Work Assignment (Unit #, Module, etc.): CARP in Department 203				
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: 511	Weight: 215			
					Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input checked="" type="checkbox"/>
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____									
E	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
					Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input type="checkbox"/>
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____									
E	Employee #	Last Name	First Name		Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:		Work Assignment (Unit #, Module, etc.):				
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age:	Height:	Weight:			
					Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input type="checkbox"/>
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____									